

YOUTH LEADERSHIP  
CAMP REGISTRATION FORM  
Ages: Birth Year Must Fall in 2004 & 2005  
(Theme-Mindfulness)



**THIS REGISTRATION PACKAGE INCLUDES:  
LETTER TO PARENTS, REGISTRATION FORM, MEDICAL & RELEASE FORMS**

**Namaste Parents!**

Parents, due to success last year's Youth Leadership Camp and your positive feedback and response we have decided to continue the camp in 2018 for one week. In this camp the youths will be learning values and skills necessary for their social growth, while developing other important skill sets.

We have a dedicated group of certified energetic teachers who will be facilitating and teaching this one week camp. The theme of the camp is "Mindfulness," and the objective of the camp is to "provide an enriching, growth and fun environment for your youths to learn leadership skills; with a focus on team-building, communication, assertiveness, problem solving, and community services through workshops, games/sports and daily outdoor-trips." Some of the fun activities scheduled are rock/rope climbing, the escape room, cooking with a real chef and other building challenges.

VOV and its faculty do value our youths, and we are happy to continue into the second year with this leadership camp to show our appreciation for our young people and to help them with their growth and development.

The price for the one week camp is:  
\$175.00 per child - Please register by deadline May 31, 2018

Date of Camp: July 23, 2018 to July 27, 2018  
Location: Vishnu Mandir (8640 Yonge Street, Richmond Hill, ON)

**You can pick up a Registration package at the Summer Camp booth at reception area at Vishnu Mandir, or download an application package from the VOV website [www.vishnumandir.com](http://www.vishnumandir.com) . If you have any questions please do not hesitate to send an email to [summercamp@vishnumandir.com](mailto:summercamp@vishnumandir.com).**

With Thanks,  
Summer Camp Committee

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## VISHNU MANDIR YOUTH LEADERSHIP SUMMER CAMP

8640 Yonge Street, Richmond Hill, Ont. L4C 6Z4  
(905) 886-1724

**Monday July 10<sup>th</sup> – Friday July 14<sup>st</sup> 2016**

**Youths Birth of Dates Must Fall  
In the years 2004 2005  
Time of Camp is 9:00 am to 4.00 pm**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH(MM-DD-YY): \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

All Camp Info will be distributed by email (print clearly):

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

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**EMERGENCY CONTACTS:**

Name	Relationship	Home#	Work#
1. _____			
2. _____			

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**UNDER NO CIRCUMSTANCES WILL ANY YOUTH BE RELEASED TO ANYONE NOT LISTED ON THIS FORM  
WITHOUT THE WRITTEN AUTHORIZATION FROM THE PARENTS**

**\*\*\*\*\*PLEASE COMPLETE BOTH SIDES OF THE FORM\*\*\*\*\***



**MEDICAL INFORMATION**

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Concerns (i.e. asthma, seizures, bee stings): \_\_\_\_\_

Please list any medication that your child will be taking at camp, and the dosage:

***\*\*All medication must be in its original container with all instructions attached. You will be required to fill out a medication administration document before your child attends camp.***

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING	YES	NO
My youth has permission to go on field trips using bus transportation		
I give permission for the trip leader and/or other emergency personnel to administer first aid or medical treatment for a minor injury. In case of medical emergency, I understand that every effort will be made to contact me. However, in the event I cannot be reached, I hereby give permission to the camp organizers to hospitalize and/or secure or perform whatever treatment is deemed necessary for the wellbeing of my child.		

**Refund policy: All other fees will be refunded if your cancellation is received prior to June 15<sup>th</sup>; less \$50 processing fee. After June 15<sup>th</sup>, \$100 processing fee will be deducted. Once camp starts, no refund will be given.**

**Camp fees include ◇ 1 vegetarian lunch ◇ 2 light snacks ◇ 2 field trips ◇ A Camp T shirt**

**State Child's T-Shirt Size: Youths (XS, S, M, L, XL): \_\_\_\_\_**

**Adults (XS, S, M, L, XL): \_\_\_\_\_**

**Please make cheque payable to "Voice of Vedas"**

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PAYMENT: CHEQUE \_\_\_\_\_ VISA/MASTERCARD/DEBIT \_\_\_\_\_



**VISHNU MANDIR SUMMER CAMP**

**MEDICAL RELEASE**

In the event that we cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact; I give permission for the trip leader and/or other emergency personnel to administer first aid or medical treatment for a minor injury. In case of medical emergency, I understand that every effort will be made to contact me. However, in the event I cannot be reached, I hereby give permission to the camp organizers to hospitalize and/or secure or perform whatever treatment is deemed necessary for the wellbeing of my child.

I also consent to emergency transportation if necessary.

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARD NO: \_\_\_\_\_ VERSION NO: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ TEL NO: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL NO: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL NO: \_\_\_\_\_

\*\*\*\*Please Fill Out Both Sides of Form\*\*\*\*

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**VISHNU MANDIR SUMMER CAMP**

**THIS IS A RELEASE OF LIABILITY**  
**PLEASE READ IT BEFORE SIGNING**

In consideration of being allowed to participate in and attend the camp facility and program organized by The VISHNU MANDIR including all related out trips, events and activities, my child and I (the undersigned) acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for myself/my child's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself/my child from participation and bring such to the attention of the nearest CAMP REPRESENTATIVE OF THE VISHNU MANDIR immediately
4. I HEREBY RELEASE AND HOLD HARMLESS THE VISHNU MANDIR their officers, conveners, officials, agents and/or employees, sponsoring agencies, sponsors, and advertisers (Releases), WITH RESPECT TO ANY AND ALL INJURY OR DISABILITY, or loss or damage, to person or property.

**I AGREE AND UNDERSTAND THAT I HAVE JUST ENTERED INTO A RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_